

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000185

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: CAREFREE JOURNEYS, LLC

**Current Principal Place of Business:**

8545 COMMODITY CIRCLE  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

8545 COMMODITY CIRCLE  
ORLANDO, FL 32819

**New Mailing Address:**

FEI Number: 20-4057187

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROBERTS, SCOTT C ESQ.  
8545 COMMODITY CIRCLE  
ORLANDO, FL 32819 US

**Name and Address of New Registered Agent:**

ROBERTS, SCOTT C ESQ.  
8545 COMMODITY CIRCLE  
SUITE 200  
ORLANDO, FL 32819 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/17/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: THE STRATEGIS COMPANIES, INC.  
Address: 8545 COMMODITY CIRCLE  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: STRATEGIS COMPANY, LLC  
Address: 8545 COMMODITY CIRCLE  
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: STRATEGIS COMPANY, LLC

MGR

04/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date